



May 26, 2004

**Teamsters Union 25
Health Services
& Insurance Plan**

**TeamstersCare
Member Services**
16 Sever Street
Sullivan Square
Charlestown, MA
02129-1309

Telephone

local: 617-241-9220
in MA: 1-800-442-9939
outside MA: 1-800-225-6135

Fax

617-241-8168

www.teamsterscare.com

Union Trustees

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Co-Chairman
Mark A. Harrington
Lou DiGiampaolo

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Rodney G. Smith

Associate Fund Director

– Operations
Daniel J. Sullivan, R.Ph.

Associate Fund Director

– Clinical Services
Carol A. Blanchard, D.D.S.

Mr. James L. Rigby
11 Raven Street
Dorchester, MA 02125

Dear Mr. Rigby:

As of this date, we have not received your payment of \$225.00 which was due on May 1, 2004. Since you have not made payments in compliance with the repayment plan established for you, I have no other choice than to demand payment for the entire outstanding balance of \$1,204.09. If I do not receive your payment for the full amount on or before June 10, 2004, I will forward your account to our attorneys for collection.

I have enclosed a copy of a letter dated March 23, 2003, in which Dr. Carol Blanchard, Associate Fund Director, explained the terms of repayment. I have also included a Statement of Account showing the \$1,204.09 balance. Please feel free to call me at 617-241-9220 if you wish to discuss this matter.

Sincerely,

Charles C. Burr
Controller

Enclosures

James L. Rigby
Statement of Account
May 26, 2004

Date	Description	Amount	Balance
	Beginning balance		1,649.09
01/21/04	Check #689	-145.00	1,504.09
03/28/04	Check #731	-300.00	1,204.09
05/01/04	Payment due	-225.00	979.09
06/01/04	Payment due	-225.00	754.09
07/01/04	Payment due	-225.00	529.09
08/01/04	Payment due	-225.00	304.09
09/01/04	Payment due	-225.00	79.09
10/01/04	Payment due	-79.09	0.00





Carol A. Blanchard, D.D.S.
Associate Fund Director
- Clinical Services

March 23, 2004

**Teamsters Union 25
Health Services
& Insurance Plan**

James Rigby
11 Raven Street
Dorchester, MA 02125

Dear Mr. Rigby:

**TeamstersCare
Executive Offices**
16 Sever Street
Sullivan Square
Charlestown, MA
02129-1309

I am writing as a follow-up to the telephone conversation that you had with Colleen Sullivan earlier today. As you know, the Fund paid you weekly disability benefits in the amount of \$1,649.09 for the period December 2, 2003 through December 26, 2003, to which you were not entitled since you returned to work on December 2, 2003.

As you requested, and discussed with Colleen, the Fund is able to set up a repayment schedule for you as follows:

Telephone

local: 617-241-9220

in MA: 1-800-442-9939

outside MA: 1-800-225-6135

Fax

617-242-6950

www.teamsterscare.com

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Co-Chairman

Charles F. Arbing
Thomas K. Wotring

<u>Date</u>	<u>Description</u>	<u>Amount</u>
	Beginning balance	\$1,649.09
4/01/04	Down Payment	<u>-299.09</u>
	Remaining balance	1,350.00
5/01/04	Payment #1	<u>-225.00</u>
	Remaining balance	1,125.00
6/01/04	Payment #2	<u>-225.00</u>
	Remaining balance	900.00
7/01/04	Payment #3	<u>-225.00</u>
	Remaining balance	675.00
8/01/04	Payment #4	<u>-225.00</u>
	Remaining balance	450.00
9/01/04	Payment #5	<u>-225.00</u>
	Remaining balance	225.00
10/01/04	Payment #6	<u>-225.00</u>
	Ending balance	0.00

Executive Director

Rodney G. Smith

Associate Fund Director

- Operations

Daniel J. Sullivan, R.Ph.

Associate Fund Director

- Clinical Services

Carol A. Blanchard, D.D.S.

We received your initial check in the amount of \$145. Please send a check in the amount of \$154.09 by April 1, 2004 to complete the required down payment.

As long as you comply with these terms, we will not involve our attorneys. However, if you do not comply with these terms, we will have no choice, but to turn this matter over to our attorneys for collection.

If you have any questions regarding this issue, please feel free to contact us at the Fund office.

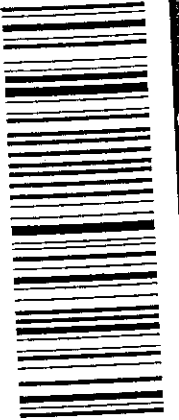
Yours truly,



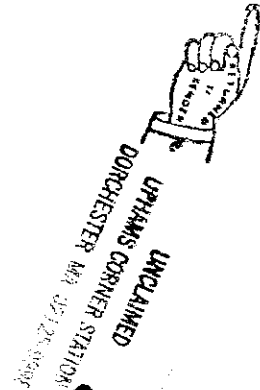
Carol A. Blanchard, D.D.S.
Associate Fund Director

Teamsters Union 25
Health Services & Insurance I
 16 Sever Street
 Charlestown, MA 02129-1309

ADDRESS SERVICE REQUESTED



7099 3400 0010 8720 3551



Mr. James L. Rigby
 11 Raven Street
 Dorchester, MA 02125

02125+3400 32

ENIT DITOTD JV FOLD
 TO THE RIGHT OF RETURN ADDRESS
 PLACE STICKER IN FOLD

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mr. James L. Rigby
 11 Raven Street
 Dorchester, MA 02125

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number
 (Transfer from service label) **70993400 00108720 3551**

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-0381

7099 3400 0010 8720 3551

U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Mr. James L. Rigby
 11 Raven Street
 Dorchester, MA 02125

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee	

5/26/04

PS Form 3800, July 1999

See Reverse for Instructions